



STATE OF CALIFORNIA
PUBLIC EMPLOYMENT RELATIONS BOARD

UNFAIR PRACTICE CHARGE

DO NOT WRITE IN THIS SPACE:

Case No:

Date Filed:

INSTRUCTIONS: File the original and two copies of this charge form with proof of service attached to each copy in the appropriate regional office of the PERB. A copy of the charge must also be served on Respondent. All forms are available from the regional offices. If more space is needed for any item on this form, attach additional sheets and number items.

IS THIS AN AMENDED CHARGE?

YES ____

NO ____

1. CHARGING PARTY:

EMPLOYEE ____

EMPLOYEE ORGANIZATION ____

EMPLOYER ____

a. Full name:

b. Mailing address:

c. Telephone number:

d. Name, title and telephone number
of person filing charge:

e. Bargaining unit(s) involved:

2. CHARGE FILED AGAINST: (mark one only)

EMPLOYEE ORGANIZATION ____

EMPLOYER ____

a. Full name:

b. Mailing address:

c. Telephone number:

d. Name, title and telephone number
of agent to contact

3. NAME OF EMPLOYER (Complete this section only if the charge is filed against an employee organization.)

a. Full name:

b. Mailing address:

4. APPOINTING POWER: (Complete this section only if the employer is the State of California. See Government Code section 18524.)

a. Full name:

b. Mailing address:

c. Agent:

5. GRIEVANCE PROCEDURE

a. Are the parties covered by an agreement containing a grievance procedure which ends in binding arbitration?

Yes _____ No _____

6. STATEMENT OF CHARGE

a. The charging party hereby alleges that the above-named respondent is under the jurisdiction of: (check one)

_____ Educational Employment Relations Act (Gov. Code sec. 3540 et. seq.)

_____ Ralph C. Dills Act (Gov. Code sec. 3512 et. seq.)

_____ Higher Education Employer-Employee Relations Act (Gov. Code sec. 3560 et. seq.)

b. The specific section(s) alleged to have been violated is/are:

c. Provide a clear and concise statement of the conduct alleged to constitute an unfair practice including, where known, the time and place of each instance of respondent's conduct, and the name and capacity of each person involved. This must be a statement of the facts that support your claim and not conclusions of law. A statement of the remedy sought must also be provided. (*Use and attach additional sheets of paper if necessary.*)

DECLARATION

I declare under penalty of perjury that I have read the above charge and that the statements herein are true and complete to the best of my knowledge and belief and that this declaration was executed on _____ at _____, California.

(Type or Print Name)

(Signature)

Title, if any:

Mailing address:

Telephone Number: ()